



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT NEIGHBORHOOD HOSPITAL

City of Hospital: Avon

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Teresa Oehler

Email Address: toehler@tandemhospitalpartners.com

Medicare Provider Number: applied for

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$735491
Outpatient Patient Service Revenue	\$30881989
Total Gross Patient Service Revenue	\$31617480

2. Deductions From Revenue

Contractual Allowance	\$23501673
Other Deductions	\$324632.28
Total Deductions	\$23826305.28

3. Total Operating Revenue

Net Patient Service Revenue	\$7791175
Other Operating Revenue	\$0
Total Operating Revenue	\$7791175

4. Operating Expenses

Salaries and Wages	\$6132489	Employee Benefits	\$1118541
Depreciation and Amortization	\$44885	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$13244695
Total Operating Expenses	\$20540610		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-11945720	Total Assets	\$3855390
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$5184914

Total Net Gains	\$-11900835
-----------------	-------------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$6781975	\$6781975	\$0
Medicaid	\$5990159	\$5990159	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18845346	\$10729541	\$8115805
Total	\$31617480	\$23501675	\$8115805

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$86906	\$-86906
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//